



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2832, Expedited Procedure

03560.003024

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: L. Donovan
TAKAHISA KATO, et al.)	
	:	Group Art Unit: 2832
Application No.: 10/073,311)	
	:	
Filed: February 13, 2002)	
	:	
For: MOVABLE-BODY APPARATUS)	
OPTICAL DEFLECTOR, AND	:	
METHOD OF FABRICATING)	
THE SAME	:	March 5, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

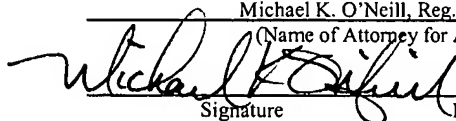
Sir:

In response to the Office Action dated December 5, 2004, please amend the
above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

March 5, 2004
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

 March 5, 2004
Signature Date of Signature



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BOX AF

Image

*AF
2832*

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2832, Expedited Procedure

In re Application of:

TAKAHISA KATO, et al.

Application No.: 10/073,311

Filed: February 13, 2002

For: MOVABLE-BODY APPARATUS,
OPTICAL DEFLECTOR, AND METHOD
OF FABRICATING THE SAME

Docket No. 03560.003024

Examiner: L. Donovan

Group Art Unit: 2832

Date: March 5, 2004

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 45	= 0	x \$9 \$18	\$ - 0 -
INDEP. CLAIMS	* 4	MINUS	*** 7	= 0	x \$42 \$84	\$ - 0 -
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ - 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32622

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New York, New York 10112-3801
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